UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

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Plaintiff

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Civil Action No.: 1:13-CV-12510-JGD

CALVARY PORTFOLIO SERVICES, LLC, ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiffs attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Kimberly M. Abaid

Signature of Clerk or Deputy Clerk

SUMMONS SUMMONS

ISSUED ON 2013-10-15 11:41:18.0, Acting Clerk USDC DMA

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))
This summons for (name of individual and title, if any) Portolia Recovery Associate
was received by me on (date) 10/15/13.
☐ I personally served the summons on the individual at (place)
on (date); or
☐ I left the summons at the individuals residence or usual place of abode with (name)
, a person of suitable age and discretion who resides there,
on (date), and mailed a copy to the individuals last known address; or
☐ I served the summons on (name of individual), who is
designated by law to accept service of process on behalf of (name of organization)
on (date); or
☐ I returned the summons unexecuted because ; or ,
I returned the summons unexecuted because ; or I wail a copy of Summon and law suit other (specify): VIA US postal service, Green Card Meturn recisept.
redurn reciept.
My fees are \$ for travel and \$ for services, for a total of \$
I declare under penalty of perjury that this information is true.
Date Live alange Code Constant Printed name and title
Le Se. W. Main St Avon, Ma, D 2322.

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: PONTHOLIO RECOVERY ASSOCIATES 120 Corporate Bowlevard Norfolk V923502.	A. Signature X
2. Article Number 7012	4. Restricted Delivery? (Extra Fee)
	sturn Receipt 102595-02-M-1540